STATE OF SOUTH CAROLINA)	PEFADE TUE		
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo)	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA		
John Doe dos Does Limo	TRANSPORTATION COVER SHEET		
	NUMBER: 2013 - 189 - T		
·	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.		
(Please type or print) Submitted by: Robert L. Small	Telephone: 843-618-6680		
Address: 1306 Chandler Circle	Fax:		
Florence,SC 29505	Other:		
	Email:		
NOTE: The cover sheet and information contained herein neither replaces as required by law. This form is required for use by the Public Service Cobe filled out completely.			
NATURE OF ACTION	(Check all that apply)		
Application - Class A/A Restricted	Request for Name Change on Certificate		
Application - Class C Taxi	Request to Amend Scope of Authority		
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)		
Application - Class C Charter Bus Application - Class C Non-Emergency RECEIV	ED Request to Amend Passenger Limit		
Application - Class C Stretcher Van MAY 2 1 201	Exhibit		
Application - Class B Household Goods TRANS DI	EPT Late-Filed Exhibit		
Application - Class E Hazardous Waste	Letter		
Application	Proposed Order		
Request for Extension to Comply with Order	Publisher's Affidavit		
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter		
of Public Convenience and Necessity to be Rescinded	Response		
Request for Cancellation of Certificate	Return to Petition		
Request for Suspension	Other:		
Request for Reinstatement			

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: May 20, 2013
C	LASS C - TAXI
A od	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
	Robert L. Small
	1306 Chandler Circle Florence,SC 29505 Street Address of Applicant
	Mailing Address of Applicant (if different from street address)
	843-618-6680
	Phone Fax
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.

1 of 9

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applica	ation is F	iled:
Month	May	Year	2013

Assets:

Assew.	
Cash	\$700
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$6000
Garage Equipment (Net)	
Machinery and Tools (Net)	·
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	\$6700
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	· \$6700

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.				
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
☐ Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

х	1-7 Passengers, including driver
	8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Dodge	2002 Caravan		
	4.44	A A LANGE	
		and the second s	
	e.		

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:	
	Robert L. Small
	Name of Applicant
	1306 Chandler Circle Florence,SC 29505
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2400.00	Limits25/50/25
The above quoted premium is for a term o	f 12 months.
2 / 3 4 4 4 4 5 5 6 6 6 6 6 6 6 6 6 6	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
	National Casualty Company
	Name of Insurance Company
	B W. Palmetto St. Florence,SC 29501
	ome Office Address of Company
I am familiar with the Commission's Rules meets the minimum insurance limits presc South Carolina Department of Insurance to	s and Regulations relating to insurance requirements and the above quote ribed. The insurance company making this quote is authorized by the o do business in South Carolina.
5-20-13 Date	Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

		Robert L. Small	
		Name of Applicant	
1.	. Are there currently O Yes	my outstanding judgments against the Applicant? On No	
	If Yes, indicate nat	re of judgement(s) against applicant.	
2.	Is Applicant familia carrier operations in statutes and regulati	with all statutes and regulations, including safety South South Carolina, and does Applicant agree to ons?	regulations and governing for-hire motor o operate in compliance with these
		O No	
•	r. 4 - 4' .		
٥.	therewith?	f the Commission's insurance requirements and th	e insurance premium costs associated
		○ No	

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Exhibit on Driver Qualifications

ı.	Appli	cant understands that	ali d	rivers must be a minimum of 18 years of age.
	∢	Yes	0	No
2.	and st		ΜV	tified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	Ø	Yes	0	No
3.	~ ~	cant understands that a		minal history background check from the state where the driver currently lives cant's business office.
		Yes	-	No
4.	their p		iting	rivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	8	Yes	0	No
5.	vehic	les to drivers who are	regis	lass C Taxi Certificate holders are prohibited from employing or leasing stered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders.
	②	Yes	0	No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Robert Z. Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF .

SWORN TO BEFORE ME

Noter Public

Commission Expires

OTARY OUBLING OUTH CARCING

Robert L Small 1306 Chandler Circle Florence, SC 29505

RECEIVED

May 17, 2013

MAY 2 1 2013

TRANS DEPT

A I Amall

Dear PSC,

Hi I am requesting to expedite this application process so I can generate income for my household. If there are any questions concerning my request please call me at 843.618.6680, thank you

Sincerely

Robert Small

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